

2014

MEDICAID **Member Guide**



UTAH DEPARTMENT OF
HEALTH
MEDICAID

A Bridge to Wellness for Utah's Vulnerable

Helpful Contacts

Name	Help Offered	Contact Information
HPR (Health Program Representative)	Medicaid, CHIP, PCN benefits, health plans, rights, responsibilities, providers	801-526-9422 1-866-608-9422
Utah Medical Benefits	Medicaid, CHIP & PCN Information	www.health.utah.gov/umb
Health Choice Utah	Health plan	1-877-358-8797 www.HealthChoiceUtah.com
Healthy U	Health plan	1-888-271-5870 www.uhealthplan.utah.edu/
Molina Health Care Molina Plus	Health plan	1-888-483-0760 www.molinahealthcare.com
Select Health Community Care	Health plan	1-855-442-3234 www.selecthealth.org
Delta Dental	Dental plan	1-866-467-4219 www.deltadentalins.com/ut-medicaid
Premier Access	Dental plan	1-877-541-5415 www.premierlife.com/utmedicaid
Medicaid Information Line	Claims, billing questions	1-800-662-9651 https://medicaid.utah.gov
Medicaid Member Information	Enrollment eligibility, plan information	1-844-238-3091 www.mybenefits.utah.gov
Medicaid Benefits Constituent Services	Client advocate for benefits if you feel you are not getting the benefits you should	1-877-291-5583
DWS (Workforce Services)	Medicaid, CHIP, PCN eligibility, lost or stolen cards, food stamps	801-526-0950 1-866-435-7414 http://jobs.utah.gov/assistance

Contents

Welcome to Utah Medicaid	3
Do you need an interpreter?	3
Your Rights and Responsibilities as a Medicaid Member	3
Utah Medicaid Card.....	5
What do I do with my Medicaid Member Card?	5
County Selection Choices	6
State Medicaid.....	6
Health Plan	6
Medicaid Health Plan Choices by County	7
Dental Plans – Wasatch Front	8
When can I change my health or dental plan?	8
What if I disagree or have problems with my plan or Medicaid?	8
What if I have other insurance or Medicare?	9
What do I do with medical bills for services when I have Medicaid?	9
What is a co-payment or co-insurance?	10
Co-pay Chart for Non-Pregnant Adults	11
Does Medicaid pay for services when I am outside of Utah?	12
Can I see any Medicaid provider in Utah?	12
Basic Medicaid Benefits.....	13
Ambulance	13
Birth Control and Family Planning.....	13
Birth Control and Family Planning Chart.....	14
Child Health Evaluation and Care	15
Chiropractic Services	19
Dental Benefits.....	19
Emergency Dental Care	19
Doctor Visits.....	19
Emergency Care	20
Eye Exams and Eyeglasses.....	21
Home Health Care	21
Hospice Care.....	21
Hospital Care.....	21
Lab and X-ray Services.....	22
Maternity Care	22

Medical Supplies	23
Mental Health Care.....	23
Nursing Home	26
Personal Care Services	26
Physical Therapy and Occupational Therapy.....	26
Podiatry	26
Prescriptions.....	26
Prescriptions and Medicare.....	27
Over-The-Counter (OTC) Drugs.....	27
Specialists	29
Speech and Hearing Services	29
Tobacco Cessation Services	29
Transportation Services.....	29
Waiver Programs	31
Other State Programs and Information	32
CHIP	32
PCN (Primary Care Network).....	32
QMB (Qualified Medicare Beneficiary)	32
Restriction Program.....	32
Spenddown Program (Medically Needy)	32
UPP (Utah's Premium Partnership for Health Insurance)	33
cHIE	33
FQHC (Federally Qualified Health Centers) / RHC (Rural Health Centers)	33
Living Well with Chronic Conditions.....	33
Medicaid Fraud	35
Medicaid PROVIDER Fraud.....	35
Medicaid CLIENT Fraud	35
Resources.....	36

Welcome to Utah Medicaid



The Medicaid Member Guide is for people who are eligible for Utah Medicaid. It is available in English, Spanish and Braille. This book helps to explain:

- Medicaid benefits
- Co-pays and co-insurance
- Rights and responsibilities
- Health, dental and behavioral health plans
- How to choose your plan
- Well child examinations and follow-up care
- Immunizations

Do you need an interpreter?

Tell us if you do not speak English. We will find someone who speaks your language to help explain the Medicaid program. Interpreters are free. Your health, dental and mental health plans will also provide interpreters for your medical appointments. If you need an interpreter, call the Medicaid Information Line at 801-538-6155 or 1-800-662-9651. If you have a plan, call the plan for an interpreter.

Tell us if you are hard of hearing. We will have someone who signs your language help explain the Medicaid program.

If you are hard of hearing or have speech problems, call Utah Relay Services at 711 or toll-free at 1-800-346-4128. This telephone relay service or TTY/TTD is a free public service. If you need Spanish relay services, call toll free 1-888-346-3162 for Spanish Relay Utah.

If you have a hard time speaking, call 1-888-346-5822. A specially trained person will help you.

Your Rights and Responsibilities as a Medicaid Member

What are my rights?

- You have the right to be treated fairly.
- You have the right to be treated with courtesy and respect.
- You have the right to have your privacy protected and be treated with dignity.
- You have the right to medical care regardless of your race, color, nationality, disability, sex, religion, or age.
- You have the right to receive information on all available treatment options.
- You have the right to take part in decisions regarding your medical care, including refusing treatment.
- You have the right to ask for a copy of your records and ask that they be changed.
- You have the right to appeal a decision made by your health, behavioral health or dental plan. If you disagree with the outcome of your appeal, you have the right to request a state fair hearing.

What are my responsibilities as a Medicaid Member?

- Check the information on your Medicaid card, if something is wrong call DWS at 1-866-435-7414.
- If you do not receive your Medicaid card or have lost it, call DWS at 1-866-435-7414.
- Always tell your provider you have Medicaid and give them the name of your health plan, if you have one, when you make an appointment.
- Show your Medicaid card every time you get any services.
- Keep appointments or cancel at least 24 hours in advance.
- Respect your doctors and their staff; listen to what they say.
- Pay your co-pay or co-insurance at the time of service.
- Use your Medicaid benefits wisely. If you abuse or misuse your benefits, you can be put on the Restriction Program.



◆ **Information in this guide may change at any time without notice. Call and talk to a Health Program Representative (HPR) at 801-526-9422 or toll-free 1-866-608-9422 for benefit questions.**

Utah Medicaid Card

Medicaid members will get a wallet-sized Medicaid card. The Medicaid card will have your name, Medicaid ID number, and date of birth.

Members will get their own Medicaid card. You will use this card whenever you are eligible for Medicaid. Please DO NOT lose or damage your card. A new card will not be mailed to you each month.

If you lose or damage your card, please call the Department of Workforce Services at 1-866-435-7414 to get a new card.

What do I do with my Medicaid Member Card?

Show your Medicaid card BEFORE you get medical services from a doctor, hospital or pharmacy. If you have a health, mental health or dental plan, your plan may also send you a separate plan card. Show both your Medicaid card and plan card when you see your medical providers.

Your doctor's office may ask to see your photo ID with your card. You can use a government issued photo ID (like your driver's license). It is up to your doctor's office to tell you what other ID they will accept. This is to make sure someone else does not use your Medicaid card to get health care services.

You will also get a Medicaid Benefit Letter in the mail. This letter will give you important information about your Medicaid plans and benefits. When there is a change in your information, you will get a new Medicaid Benefit Letter. Please keep this letter for your records.

You may also visit a website at www.mybenefits.utah.gov to access this important information. If you have other questions about your benefits, call Medicaid Member Services at 1-844-238-3091.

Providers also have a website to verify eligibility and benefit information. A phone number and web address for your provider is on the back of your new card.

Your Medicaid Member Card will look like the card sample below:

FRONT



BACK



County Selection Choices

Medicaid members living in the following counties must have a health plan. Pregnant women and children living in these counties must have dental plan.

- Davis
- Salt Lake
- Utah
- Weber Counties

If you live in one of the counties listed above, you must choose a health plan or one will be assigned for you.

Pregnant women and children who live in the listed counties must choose a dental plan or one will be assigned for them.



State Medicaid

Medicaid members living in counties other than Davis, Salt Lake, Utah and Weber Counties can choose to have a health plan. If you do not choose a plan, your services will be paid directly by the state and not by a health plan. Medicaid members who choose to have state Medicaid must use Utah Medicaid providers.

Contact your providers and ask if they are a Utah Medicaid provider. Many state Medicaid providers work with health plans and prefer their patients choose a plan. Check with your provider before deciding on state Medicaid or a health plan.

Health Plan

Medicaid members who live in Davis, Salt Lake, Utah or Weber counties must choose a health plan or one will be assigned.

A health plan is a group of providers that includes doctors, pharmacies, hospitals, medical suppliers and other medical professionals. The providers *who work* with a health plan are called *in-network* providers. Providers who *do not work* with a health plan are called *out-of-network* providers. *You must use in-network providers or you may have to pay for services yourself.*



Your health plan pays your in-network provider for medical services covered by Medicaid. When you have a health plan, the plan can provide case management to make sure you get the care you need. The plan can help you find providers, specialists and provide you with educational material.

You need to know how your health plan works. Your health plan may contact you to ask about your medical needs. You have the right to receive privacy information once a year from your health plan.

To find what options you may choose in your county, see the chart on the next page.

Medicaid Health Plan Choices by County

County	Health Choice Utah	Healthy U	Molina	SelectHealth Community Care	Molina Plus	State Medicaid
Beaver					X	X
Box Elder		X			X	X
Cache	X				X	X
Carbon					X	X
Daggett					X	X
*Davis	X	X	X	X		
Duchesne					X	X
Emery					X	X
Garfield					X	X
Grand					X	X
Iron					X	X
Juab					X	X
Kane					X	X
Millard					X	X
Morgan			X			X
Piute					X	X
Rich					X	X
*Salt Lake	X	X	X	X		
San Juan					X	X
Sanpete					X	X
Sevier					X	X
Summit		X			X	X
Tooele	X	X			X	X
Uintah					X	X
*Utah	X	X	X	X		
Wasatch					X	X
Washington					X	X
Wayne					X	X
*Weber	X	X	X	X		

*Members who live in **highlighted** counties must have a health plan. Members in counties that are not highlighted can choose a health plan or state Medicaid.

Dental Plans – Wasatch Front

Pregnant women and children who live in Davis, Salt Lake, Utah and Weber counties must select a dental plan. If you do not choose a dental plan, you will be assigned to a plan.

A dental plan is a group of dentists you must use for your dental care. Your dental plan will ask you to choose a primary care dentist.

The Medicaid dental plans are Delta Dental and Premier Access. Both dental plans offer the same services. The plans may have different dentists to see for dental care. You must see a dentist that accepts your dental plan. Call your dental plan or go to their website to find a dentist in your area.



Pregnant women and children living in other counties do not choose a dental plan. Non-pregnant adults do not choose a dental plan.

When can I change my health or dental plan?



Medicaid members who live in Davis, Salt Lake, Utah or Weber County may change their health and / or dental plan during the first 90 days after a plan is chosen or has been assigned.

Changing your plan may affect the doctors, dentists, hospitals and other providers you can use. If you do not want to change your providers, make sure your providers will take the plan you want to choose before making a change.

You can also change your health and / or dental plan each year between mid-May and mid-June, during open enrollment. During this time, you can ask to change your health plan for any reason. If you make a change during open enrollment, your new plan will start on July 1.

Contact a Health Program Representative (HPR) if a plan is not working for you to see if you are able to make a change. Call before the 20th of the month to change your health plan for the following month.

What if I disagree or have problems with my plan or Medicaid?

To solve a problem with your plan:

- Call your plan to talk to them about the problem
- If there is still a problem, ask your plan how to file an appeal

If your plan makes a final decision denying your appeal, and you still feel you are not being treated fairly, ask for a Fair Hearing with Medicaid. You must ask for a Fair Hearing with the State within 30 days of the plan's final decision.

To solve a problem with Medicaid:

- Call your HPR to talk about the problem
- You can also ask for a Fair Hearing with the State

To ask for a Fair Hearing:

- Go to <https://medicaid.utah.gov/concern-or-complaint>
- Follow the instructions on the web page

If you do not have access to the internet, you may call the Hearing Unit at 801-538-6576 and ask for a Hearing Request form.

What if I have other insurance or Medicare?



Other insurance may be through a job, a parent or another source. You may have health, dental or vision insurance or Medicare and still receive Medicaid. Your other insurance is the primary or first insurance. It pays your bills first. Medicaid is your second insurance. It pays after your primary insurance makes payment.

Try to use providers who are also part of your primary insurance network. When you make an appointment, let the office know you have primary insurance and Medicaid. Ask if the provider will bill your primary insurance and then bill state Medicaid or your plan.

Call the Office of Recovery Services (ORS) at 1-801-536-8798 if you have any questions or if there are changes to your primary insurance.

What do I do with medical bills for services when I have Medicaid?

Pay attention to the mail you get for medical care. If you get a bill says that you owe money, you should:

1. Call the provider's office. Ask if they have billed your plan or Medicaid.
2. If they have billed for the services but have not heard back from the plan or Medicaid, ask if they will check on the claim. You can also call your plan or Medicaid and check on the claim.
3. If you called your provider's office and checked on the claim but you still have problems, call an HPR.

You may have to pay your own medical bills for Medicaid covered services if:

- You have a health plan and see a provider who is out-of-network.
- You receive services without showing your Medicaid card to the provider.



You will have to pay the bill for services you get:

- When you were not eligible for Medicaid
- After an appeal, grievance or hearing if the claim is denied
- The service is not covered by Medicaid

If you get services that Medicaid does not cover, you should sign a form that says:

1. The specific service you are receiving is not covered by Medicaid
2. You know it is not a Medicaid covered service
3. How much you will have to pay

What is a co-payment or co-insurance?

You may have to pay a fee for some benefits and services. This fee is a co-payment (co-pay) or co-insurance. If you have to pay co-pays, a message will be on your Medicaid Benefits Letter. An out-of-pocket maximum amount is the most you have to pay for your medical care.

Children under the age of 18, pregnant women, American Indians and Alaskan Natives do not have co-pays.

Non-pregnant adults may have to pay when they:

- Visit a doctor or clinic
- Go to a hospital for outpatient services
- Stay overnight in the hospital
- Get a prescription

Other things you should know about co-pay and co-insurance:

- Pay your co-pay at the time of service
- Providers can turn your account over to a collection agency if the money is not paid
- Each time you pay your co-pay, ask for a receipt and save it for the calendar year
- When you have paid the maximum out-of-pocket amount for doctor, inpatient and outpatient services, call the Medicaid Information Line
- Medicare or other insurance can affect the amount you need to pay



Co-pay Chart for Non-Pregnant Adults



Co-payments are the same for Traditional and Non-Traditional Medicaid, but benefits vary by program

Benefit	Copayment
Out of Pocket Maximum	Pharmacy - \$15 per month Inpatient \$220 per year Physician & Outpatient - \$100 per year combined
Dental	No co-pay <i>(Non-pregnant adults only have limited emergency dental benefits)</i>
Emergency Room	No co-pay for a real emergency \$6.00 co-pay for non-emergency use of the ER
Family Planning	Office visit – no co-pay Pharmacy – no co-pay <i>(Check current birth control and over-the-counter drug lists)</i>
Inpatient Hospital	\$220 co-pay
Lab	No co-pay
Medical Equipment & Supplies	No co-pay
Mental Health	No co-pay when the Prepaid Mental Health Plan is used
Occupational & Physical Therapy	No co-pay
Office visits, Immunizations & Outpatient	\$3.00 co-pay <i>(No co-pay for covered preventative care or immunizations)</i>
Pharmacy	\$3.00 co-pay per prescription <i>(Limited over-the-counter drug coverage for Traditional and Non-Traditional Medicaid)</i>
Transportation	No co-pay <i>(Non-Traditional – Limited to emergency only benefits)</i>
Vision Services	Optometrist – no co-pay for annual eye exam Ophthalmologist – \$3.00 co-pay for annual eye exam <i>(Glasses not covered)</i>
X-Ray	No co-pay

Please note: **American Indian, Alaskan Natives, pregnant women and children under the age of 18 do not have co-pays.** Other insurance, including Medicare, may affect the co-payments.

Does Medicaid pay for services when I am outside of Utah?

Routine care is not a Medicaid benefit when you are outside of Utah.

When you are outside of Utah, you may be covered only for urgent or emergency care. Ask the provider if they will bill Utah Medicaid or your plan. Medicaid or your plan will pay for real urgent or emergency care if the provider will:

- Accept you as a Utah Medicaid client
- Become a Utah Medicaid provider
- Bill Utah Medicaid or your plan for the services
- Accept what Utah Medicaid or your plan pays as full payment

If you need to get a prescription for your emergency, ask the pharmacy if they will contact your health plan or the Utah Medicaid Information Line before you get the medicine. Medicaid will not pay a member back for a prescription they paid for themselves.

Call and tell your plan about any out of area urgent or emergency care services.

Can I see any Medicaid provider in Utah?

If you have a plan, you must see providers that are in your plan's network.

If you have state Medicaid, you must see a Utah Medicaid provider.



Basic Medicaid Benefits

Not all health services are covered by Medicaid. Some services require approval before you can have them. The approval is a prior authorization (PA). Your doctor must ask Medicaid or your plan for a PA if you need a service that requires prior authorization.

Ambulance

Call 911 for an ambulance when you have a true emergency. If needed, Medicaid will pay for a ground or an air ambulance. The ambulance goes to the nearest hospital.



Birth Control and Family Planning

You can get birth control and family planning services, without co-payment, from any provider who takes Medicaid or your health plan. You get some types of birth control in a doctor's office. You may need a prescription from a doctor to get some types of birth control at a pharmacy or over-the-counter birth control.



Birth Control and Family Planning Chart



	Traditional Medicaid	Non Traditional Medicaid
Condoms	Yes *OTC	Yes *OTC
Contraceptive Implants	Yes	Yes
Creams	Yes *OTC	Yes *OTC
Depo-Provera	Yes, by doctor	Yes, by doctor
Diaphragm	Yes *OTC	Yes *OTC
Foams	Yes *OTC	Yes *OTC
IUD	Yes, by doctor	Yes, by doctor
Morning After Pill	Yes	Yes
Patches	Yes	Not covered
Pills	Yes	Yes, generic only
Rings	Yes	Yes
Sterilization (Tubes tied or Vasectomy)	Yes **Consent form required	Yes **Consent form required
Non-surgical Sterilization (like Essure®)	Yes **Consent form required	Yes **Consent form required

** OTC means Over-the-Counter. You must have a prescription from your doctor.*

***Sterilization consent forms must be signed with your doctor 30 days before surgery.*

Child Health Evaluation and Care

Child Health Evaluation and Care (CHEC) is the name of the Utah Medicaid benefit for children. CHEC benefits can help you keep your child healthy.

To help your child stay healthy, CHEC offers:

- Well-child visits
- Immunizations (shots)
- Vision tests, hearing tests and dental visits
- Local Health Department nurses who help you understand how important CHEC visits are and will help schedule CHEC visits
- Medically necessary services that are not always paid by Medicaid

A CHEC well-child visit includes the following:

- Head to toe exam
- Shots
- Complete health and developmental history
- Evaluation of physical and mental health
- Lab services including required lead screening
- Vision, hearing and dental services
- Health education and helpful advice

Why is it important for your child to have well-child visits?

Your child has a better chance of staying healthy with regular check-ups. The check-ups start at birth. When your child sees their doctor, you know they are on track for healthy development. If the doctor finds a concern, CHEC can help your child get the right help early. Getting help early is important.

A CHEC well-child visit also gives you the chance to ask the doctor any questions or concerns you have about how your child is growing and developing.

CHEC services give your child a better chance to stay healthy. Healthy children are more likely to stay healthy. They have fewer health costs. Healthy children miss less school so their parents miss less work.

You save yourself and your family time and worry when your child is healthy.



Remember to ask for a CHEC exam when you schedule every well-child check-up.

When should a child have a well-child visit?

Utah follows the American Academy of Pediatrician's (AAP) schedule. We ask you to get well-child visits at the following ages:

Stage	Ages									
Infancy	3 to 5 days after birth	1 month	2 months	4 months	6 months	9 months	12 months			
Early Childhood	15 months		18 months		24 months		3 years		4 years	
Middle to late childhood	5 years			6 years			8 years		10 years	
Adolescence	11 years	12 years	13 years	14 years	15 years	16 years	17 years	18 years	19 years	20 years

Create a Medical Home for your child

Every child needs a Medical Home. A Medical Home is when you, your family and your child's doctor work together as partners in your child's medical care. When your child has one doctor who knows them, they have a medical home. This is the best way to make sure your child gets the health care they need.

You support your child's Medical Home when you:

- Find a doctor who sees your child regularly (it is best to stay with the same doctor who knows your child)
- Tell the doctor what you know about your child
- Listen to what the doctor has to say
- Ask questions when you do not understand what the doctor is saying
- Be sure the doctor understands you



Immunizations (Shots)

When you get your child immunized, you protect them from deadly and disabling diseases. You also protect other children from these diseases. Getting the recommended shots is part of a well-child visit. Your child's doctor will tell you which shots your child needs. Most doctors will be able to give your child this important preventive health benefit.

Laboratory Tests

Lab tests are part of a CHEC visit. They show if your child is healthy or at risk for serious problems. These tests may include:

- Heel-stick or PKU: shows if a new baby has a problem that can cause mental handicaps
- Finger-stick: tells if a baby has enough iron in their blood
- TB test: shows exposure to tuberculosis
- Urine: shows if there is a kidney problem or a chance of diabetes
- Blood Lead Screening: shows if there is lead in their blood

Lead poisoning is preventable. A simple blood test at a regular CHEC visit is *very* important. Medicaid wants every child to have a blood lead test at age one and at age two. Any child under age six who has not had a blood lead test should get one. If the test shows your child has lead poisoning, the doctor can treat it right away.

Even a low level of lead in a small child's blood causes serious problems. A small amount of lead in your child's blood can:

- Slow down brain development and cause learning problems
- Slow down a child's growth
- Affect how a child acts and behaves
- Cause hearing problems

Higher lead levels can damage a child's kidneys, cause seizures, coma, or even death.

Some things around the house that you may not think are dangerous are:

- Lead fishing sinkers
- Lead shot
- Lead-based paint in an older house

A young child might chew on chips of paint, suck on lead sinkers, and drink from unglazed pottery. They may also eat sand or dirt with tiny bits of lead. Check your home for these and other lead hazards.

Oral Health and Dental Services

A child should go to a dentist by their first birthday. The dentist will tell you when to bring your child back for a checkup. Sometimes it is not easy to find a dentist who will see a small child unless they have a dental problem. Your child may have to wait until age three for regular checkups.

At the dental exam, the dentist:

- Cleans and checks the teeth
- May apply sealants
- Fixes dental problems
- Teaches good tooth and mouth care
- Gives fluoride treatments and may apply dental fluoride varnish

Hearing and Vision Services

If your child has hearing or eye problems that the doctor cannot treat, the doctor may ask you to take your child to an ear or eye specialist. The specialist will help figure out how to help your child.

When children have special needs or need special services

Some children have special health care needs. The need could be a physical, mental, or emotional disability or a long-term illness.



Often CHEC can cover these special needs. Any special service, treatment, or equipment must be “medically necessary.”

Examples of medical needs are:

- Glasses
- Hearing aids
- Therapy (speech, physical, occupational or counseling)
- Assistive technology such as a special wheelchair or a tool to make eating or dressing easier.

Your child’s doctor may be able to work with Medicaid to find a way to meet your child’s special needs.

A CHEC visit helps you learn more about what your child needs. It is a chance for you to talk to the doctor and to be involved in decisions about care and treatment.

Making a CHEC appointment

Call your child’s doctor, dental office or, clinic and ask to make an appointment for a well-child exam. Take your child’s Medicaid card. Do not go for an exam without an appointment.

Outreach and Education

Local public health offices work with Medicaid. Public health nurses make home visits. They let families know when a child needs or is past due for a well-child or dental exam. You may receive a call, letter or home visit from your public health office to remind you to make an appointment.

The public health office can help you schedule an appointment. They can also help answer questions about CHEC. The phone calls and letters are to help you remember to get important CHEC services for your child.

Transportation for CHEC appointments

Talk to a DWS eligibility worker. Ask them about reimbursement for travel to go to CHEC well child and dental visits.

Chiropractic Services (Chiropractic Health Plan)

Chiropractic services are available to pregnant women and individuals eligible under CHEC. Chiropractic Health Plan covers these services. You can see any provider who is with the plan.

Services are limited. To learn more about your chiropractic benefits call 801-352-7270 or toll-free 1-800-339-5958.



Dental Benefits

Dental services are available to pregnant women and individuals eligible under CHEC. If you have a dental plan, you need to see the primary care dentist you selected or the one that is assigned to you. If you want to see a different dentist, you must call your dental plan to make that change before you schedule your dental appointment. Dental benefits pregnant women and individuals eligible for CHEC may receive are:



- Examinations
- Cleanings
- X-rays
- Fillings
- Root canals on some teeth
- Silver crowns

Emergency Dental Care

Medicaid members who are not pregnant or not eligible for CHEC only get emergency dental care.

Call dentists in your area to see if they take Medicaid. You can call the Medicaid Information Line to get some names of dentists in your area.

Utah also has clinics where you can get dental care at a reduced cost. The name of these clinics is the Family Dental Plan. You can find locations and phone numbers for Family Dental Plan clinics in the Resources section of this book.

Doctor Visits

Medicaid pays the doctor to see you when you have health problems. Most of the time you can get the treatment you need from your primary care doctor. If your doctor feels your problems are too serious to treat in the office, they may refer you to a specialist who accepts state Medicaid or your health plan, if you have one.

Emergency Care

Use an emergency room **ONLY** when you have a serious medical issue. It is not safe to wait when it is an emergency. Waiting could mean permanent harm or death. Use the hospital emergency room that is closest to you.

If you go to the emergency room for something that is not a real emergency, you may have to pay the emergency room co-pay or even pay the whole bill yourself.

Urgent care situations are non-life threatening and do not cause permanent harm or death. For urgent care, call your doctor and ask if they can see you the same day. You can also use urgent care clinics that are open after normal office hours and on weekends.

If you have state Medicaid, go to an urgent care clinic in your area that will accept Medicaid. If you have a health plan, check your health plan's provider directory to find an urgent care clinic.

Use your doctor or an urgent care clinic for serious problems when it is safe to wait a few hours before you go.

Examples of urgent care:

- Sprained wrist or ankle
- Earache
- Bad cough or fever
- Vomiting often
- Very sore throat



Call 911 or go to the nearest hospital if you feel your medical problem is an emergency. For a true emergency, you do not need to call your doctor before you go. Your doctor will provide any needed follow-up care.

Examples of emergencies:

- Heavy bleeding
- Chest pain
- Trouble breathing
- Bad burns
- Broken bones

It saves a lot of money when you use an urgent care or after-hours clinic instead of going to an emergency room. *One emergency room visit costs Medicaid the same amount of money as 12 urgent care clinic visits.*

Make sure it is a true emergency before going to an emergency room. Be smart about using your Medicaid card. To learn more go to www.health.utah.gov/safetowaitt.

What should I do about a poison emergency?

If you or someone else has a possible poison exposure or poison emergency, call the Poison Control Help Line at 1-800-222-1222.

If a person is not breathing, call 911 for help.

Eye Exams and Eyeglasses



Medicaid covers one eye exam each year. Use a vision provider who accepts Medicaid or if you have a health plan, a provider who accepts your plan.

Pregnant women and Medicaid members eligible for CHEC can get eyeglasses. Ask your provider to see frames that Medicaid will pay for in full.

You can get higher priced eyeglasses, but you have to pay the difference between what Medicaid or your health plan pays and the cost of the more expensive glasses. Make sure you sign an agreement if you are going to

pay for higher priced glasses.

Home Health Care

Home health care is for people who are unable to go to the doctor's office, but do not need to be in a hospital or nursing home.

Some types of care you can receive in your home are:

- Physical and other therapies
- Nursing
- Care from a home health aide
- Some medical supplies such as oxygen

Talk to your doctor if you need home health care. Your doctor will need to get prior approval. If you have state Medicaid, use a home health agency that accepts Medicaid. If you have a health plan, be sure to use a provider with your plan. A case manager with your plan can help arrange home health care.

Hospice Care

Hospice care helps people be more comfortable when they are dying. The focus of care changes from trying to cure a patient to keeping the patient free from pain. Talk to your doctor if you need these services.

Hospital Care



Medicaid covers both inpatient and outpatient hospital care. You need a referral from your doctor before you use hospital services unless it is a real emergency.

When you have a scheduled surgery and need to stay in the hospital overnight, you may have to pay co-insurance.

Some hospital services need prior approval before you receive them. Your doctor or the hospital will get the approval when needed.

If you have a health plan, use a hospital that accepts your plan.

Lab and X-ray Services

Medicaid covers many lab and x-ray services. The lab may be in your doctor's office, a clinic lab, or a hospital. If you have a health plan, be sure to use a lab that accepts your plan.

Maternity Care

If you think you are pregnant, see a doctor as soon as possible. Early prenatal care helps you have a healthy baby. You may choose to see a specialist such as an OB/GYN or a Certified Nurse Midwife (CNM). You must use a provider who accepts state Medicaid or if you have a health plan use an in-network provider.

Medicaid covers:

- Prenatal visits, lab work and tests you may need (like an ultra sound)
- Labor and delivery services
- Anesthesia (treatment for pain)
- Hospital stay
- An in home visit by a public health nurse to see how you and your baby are doing
- Your 6 week check-up after the baby is born
- Tobacco cessation services



Have you had a baby who was born too early and was too small?

Please make sure your doctor knows about your past pregnancies. Your doctor can recommend additional treatment that can reduce the chances of having a baby too early.

After your baby is born

Soon after your baby is born, you may get a phone call from a public health nurse. The nurse will offer to schedule a free visit with you in your home. The nurse will talk to you about how you are feeling and how your baby is doing. They will help you find other programs that can help your baby. The nurse can come back if you would like.



Medical Supplies

Talk to your doctor if you need medical supplies. Your doctor will need to write an order for the supplies and may need to get approval from Medicaid or your health plan. If you have a health plan, make sure the medical supplier accepts your plan.



Examples of covered medical supplies are:

- Wheelchairs
- Prosthetic devices
- Bandages or wound care supplies
- Vaporizers or humidifiers
- Oxygen

Mental Health Care

Wasatch County

If you live in Wasatch County, you can get mental health services from Wasatch County Family Clinic or any Medicaid provider.

Prepaid Mental Health Plan (PMHP)

If you live in any county other than Wasatch, Medicaid enrolls you in the Prepaid Mental Health Plan (PMHP) for your area.

You must get mental health services through your PMHP. If you want to get services outside the PMHP, you must get approval from the PMHP before you get the care. If you do not, you may have to pay for the services yourself.

This does not apply to American Indians or Alaskan Natives. You may get services from the PMHP or you may get services from Indian health care providers, including an Indian Health Program or an Urban Indian Organization. This does not affect Federally Qualified Health Centers (FQHCs). You can get services from your PMHP or an FQHC.

Inpatient:

PMHPs are responsible to provide mental health care in a hospital.

Outpatient:

PMHPs are responsible to provide outpatient mental health services. Outpatient mental health services may include:

- Evaluations
- Psychological Testing
- Medication Management
- Individual, Family and Group Therapy
- Individual and Group Psychosocial Rehabilitation Services
- Peer Support Services
- Case Management Services



Other services include:

- Electroconvulsive therapy (ECT)
- Interpreter services

If you have Traditional Medicaid, more services may be available based upon your needs. These services are:

- Transportation to mental health appointments (call your PMHP or talk to your therapist for help with transportation)
- Personal services
- Respite care
- Psycho-educational services
- Supportive living

Mental Health Services for Children in Foster Care

Inpatient mental health care for children in foster care is the responsibility of the PMHP. Children in foster care may get outpatient mental health services from any Medicaid provider their caseworker recommends.

Alcohol and Drug Services

Medical Detoxification in a Hospital

If you need in-patient, drug or alcohol detoxification services and have a health plan, call your health plan. If you do not have a health plan, the hospital will bill Medicaid for detoxification services.

Utah County

If you live in Utah County, you have two PMHP providers. You will have 'Wasatch Mental Health' and 'Utah County Drug & Alcohol Svcs'. You must get mental health services through Wasatch Mental Health. You must get any needed outpatient alcohol and drug services through the Utah County Department of Drug and Alcohol Prevention and Treatment their phone number is 801- 851-7128.

Outpatient Alcohol and Drug Services

The PMHP covers outpatient alcohol and drug services. For Medicaid to pay for the services, you must get outpatient alcohol and drug services through your PMHP.

If you want to get services outside the PMHP, you must get the PMHP to approve it before you get the care. If you do not get approval, you may have to pay for the services yourself.

This does not apply to American Indians or Alaskan Natives. You may get services from the PMHP or you may get services from Indian health care providers, including an Indian Health Program or an Urban Indian Organization. This does not affect Federally Qualified Health Centers (FQHCs). You can get services from your PMHP or an FQHC.

PMHPs are responsible to provide outpatient alcohol and drug services.



Outpatient services may include:

- Evaluations
- Psychological testing
- Medication management
- Individual, family and group therapy
- Individual and group psychosocial rehabilitation services
- Peer support services
- Case management services for Traditional Medicaid members

Other services include:

- Interpreter services
- Medicaid may cover transportation to outpatient alcohol and drug services through the Medicaid transportation program. The PMHP does not cover transportation to your substance abuse appointments.



Outpatient Alcohol and Drug Services for Children in Foster Care

Children in foster care may get outpatient alcohol and drug services from any Medicaid provider their caseworker recommends.

Methadone Maintenance Treatment Services

Methadone Maintenance Treatment services are not covered by your PMHP. You can get these services from qualified Medicaid providers. Medicaid pays for these services directly.

If you get Methadone treatment, you are also required to have counseling. You do not have to pay for the counseling if you use a provider who is with your prepaid mental health plan. Call your PMHP if you have questions.

Medications for an Alcohol or Drug Problem

If you are seeing a private doctor who prescribes medicine for an alcohol or drug problem, and the doctor is not part of your PMHP, you can keep seeing your doctor for your medicine.

What do I do if I have problems with my PMHP?

You have the right to let your PMHP know if you do not agree with any decision made by them. You may be unhappy with your mental health, alcohol or drug problem or services, or the care you are getting.

- Call your therapist, the therapist's supervisor, or the PMHP to talk about the problem
- Call the Medicaid Information Line
- Call an HPR
- If there is still a problem, ask your PMHP about filing a grievance or an appeal
- If you are not happy with the decision your PMHP makes on an appeal, ask for a fair hearing with Medicaid.

Nursing Home

Medicaid covers nursing home care. When a Medicaid member goes from a hospital to a nursing home to continue get well and the stay is less than 30 days, it is a short-term stay. If you have a health plan, your plan is responsible to pay the nursing home.



When a person stays in a nursing home more than 30 days, the stay is long-term. Long-term nursing home patients do not have a health plan. If your stay in a nursing home will be more than 30 days, talk to an HPR about having your health plan removed.

Personal Care Services

Personal care services like bathing, feeding, and dressing may be covered. This help is for people who cannot do these things for themselves. A home health care aide provides personal care. Talk to your doctor if you need these services. Use a home health care aide who accepts state Medicaid. If you have a health plan, use an in-network home health agency to provide the services.

Physical Therapy and Occupational Therapy

Your Medicaid program may cover physical and occupational therapy. If your program covers it, your doctor orders the therapy. Use a therapist who accepts state Medicaid. If you have a health plan, use an in-network therapist.



Podiatry

Medicaid covers limited podiatry services. Use a podiatrist who accepts state Medicaid. If you have a health plan, use an in-network podiatrist.

Prescriptions

Even with a prescription from your doctor, not all drugs are covered. Medicaid covers generic brands. If there is not a generic brand for the drug you need, you may get the name brand. Some prescriptions require prior approval, check with your doctor.



If you have a Medicaid health plan, your plan will pay for most of your prescriptions.

Prescriptions and Medicare

If you have or are *eligible* for Medicare, Medicaid does not pay for most of your prescriptions. Medicare Part D covers prescriptions for people with Medicare.

The only prescriptions covered by Medicaid for people with Medicare are:

- Some cough and cold medications
- Medicaid covered over-the-counter medications prescribed by your doctor

If you have questions about how Medicare and Medicaid work together, call the Senior Health Insurance Information Program (SHIP) toll-free at 1-800-541-7735. Or Medicare toll-free at 1-800-633-4227.

For TTY, call 1-877-486-2048. You can also visit the Medicare website: www.medicare.gov.



Over-The-Counter (OTC) Drugs

Medicaid covers over-the-counter (OTC) medicines that are on the Medicaid OTC Drug List.

You need a prescription from your provider for Medicaid or your health plan to pay for OTC medication. An over-the-counter drug list is on the following page.

This list is for Traditional clients, the following exceptions are listed:

Limits: Limits and other criteria may be noted after the drug name.

NTM: Item is covered under the Non-Traditional Medicaid program.

Preferred Drug List (PDL) can be found online: <https://medicaid.utah.gov/pharmacy/preferred-drug-list>

Updated July 2014

Over-the Counter (OTC) Drug Name	Limits	NTM
Acetaminophen		•
Antacids	liquid and tablets covered	•
Antidiarrheals		•
Antihistamines	liquid and tablets ODT tabs not covered	•
Aspirin	including enteric coated, buffered	•
Bisacodyl	tablets and suppositories	•
Calcium	tablets without Vitamin D	•
Citrate of magnesia	600 ml, maximum	
DSS (Docusate Sodium)	caps, liquid, and syrup and concentrate drops 5% (Na+ or Ca++ salt)	•
Guaifenesin	with or without DM	•
H2 antagonists	<u>see PDL for coverage</u>	•
Hydrocortisone	cream, ointment, lotion	•
Ibuprofen	<u>see PDL for coverage</u>	•
Insulin	<u>see PDL for coverage</u>	•
Milk of magnesia		•
Nicotine (tobacco cessation)	patch, gum, lozenge <u>see PDL for coverage</u>	
Pediculicides		•
Plan B		•
Polyethylene glycol powder		•
Proton pump inhibitors	<u>see PDL for coverage</u>	•
Pseudoephedrine HCL	30mg, 60mg	•
Psyllium mucilloid powder		•
Sennosides	tablets	•
Topical antifungals	<u>see PDL for coverage</u>	•
Triple antibiotic ointment		•
Vaginal antifungals	<u>see PDL for coverage</u>	•
Contraceptives	creams, foams, tablets, sponges, and condoms	•
Glucose blood test strips	200/ month maximum <u>see PDL for coverage</u>	•
Insulin syringe with needle-disposable	200/ month maximum	•
Iron	ferrous gluconate 324mg, ferrous sulfate 325mg/ elixir, 220mg/5ml	
Lancets	200/ month maximum	•
Urine test (Clinistix, Clinitest, Diastix, Ketostix)	bill through DME	

Specialists

A specialist is a doctor that treats one area of your body.

Some areas specialists care for are:

- Heart
- Lungs
- Bones

Your primary care provider may feel you need to see a specialist if you have a health problem. Be sure your doctor refers you to a provider who accepts state Medicaid. If you have a health plan, make sure the provider accepts your health plan.

Speech and Hearing Services

Pregnant women and Medicaid members who are eligible for CHEC may receive speech and hearing services. If you have a health plan, use a speech or hearing specialist who accepts your plan. If you do not have a health plan, ask your doctor to refer you to a speech or hearing specialist who accepts state Medicaid.



Tobacco Cessation Services

Medicaid will cover some tobacco cessation products for all Medicaid eligible clients. If you are interested in these products, talk to your doctor and ask for a prescription.



The Utah Tobacco Quit Line is a free telephone support service to help you quit using tobacco. Telephone counseling is one of the best ways to help people quit smoking or chewing tobacco. You do not have to make an appointment, hire childcare, or find transportation - you just have to pick up the phone and call 1-800-QUIT-NOW.

You can also find information at www.waytoquit.org.

Medicaid has a free support program to help pregnant women stop using tobacco. Please call an HPR for help getting these services.

Transportation Services

Air and ground ambulance for medical emergencies is a benefit of most Medicaid programs. The ambulance takes you to the closest appropriate Medicaid provider. The service you need must be a covered Medicaid benefit.

Traditional Medicaid program may cover transportation to the doctor when it is not an emergency.



The transportation services that may be available are:

- **UTA Bus Pass, including TRAX** (FrontRunner and Express Bus Routes are *not* included): If you are able to ride a UTA bus, call a DWS eligibility worker at 1-866-435-7414 to ask if your Medicaid program covers a bus pass. If you qualify, the pass will come in the mail. Show your Medicaid card and bus pass to the driver.

LogistiCare is a non-emergency door-to-door service. You may be eligible for LogistiCare if:

1. You have Traditional Medicaid
2. There is not a working vehicle in your household
3. Physical disabilities make it so you are not able to ride a UTA bus or Flex Trans

To qualify your doctor must complete a LogistiCare form stating the medical reason they feel you qualify for door-to-door transportation. To arrange this transportation you must call LogistiCare at 1-855-563-4403.

If you are approved you must make reservations with LogistiCare three business days before your appointment.

After approval, LogistiCare can also provide transportation for urgent care. When you need urgent care, LogistiCare will call your doctor to make sure the problem was urgent.

- **UTA FlexTrans:** Special bus services are available for Medicaid clients who live in Davis, Salt Lake, Utah and Weber Counties.

If you are not physically able to use a regular bus, you may qualify for special bus services. You will have to fill out a form to let them know the disability you have that makes it so you cannot ride a regular bus.

If you are not physically able to qualify for LogistiCare, you may qualify for services through special bus services. To be eligible for UTA FlexTrans, you must apply for LogistiCare. When there is a medical need, LogistiCare will refer you to UTA FlexTrans.

Eligible clients receive a Special Medical Transportation Card with peel-off stickers to use this transportation service once they have been approved.

Mileage Reimbursement: Talk to a DWS eligibility worker if you have questions about mileage reimbursement. Approval for mileage reimbursed depends on many things. Most of the time you will not get reimbursed if there is a more cost effective way for you to get to your appointments.

Families with a child should check with an eligibility worker to see about reimbursement for CHEC well-child medical and dental visits.

Overnight Costs: In some cases, when overnight stays are necessary to get medical treatment, Medicaid customers may receive reimbursement for overnight costs. The costs include lodging and food. Overnight costs are rarely paid in advance. Contact DWS to find out which overnight costs may be covered by your Medicaid program.

Waiver Programs

Some people with special needs may qualify for Medicaid through waiver programs. Waivers allow Medicaid to pay for support and services that help people live safely in their own home or in the community. Individuals may participate in a waiver only if they require the level of care provided in a hospital nursing facility or intermediate care facility for intellectual disability. Each program has specific requirements and benefits.

For information about a waiver program see <http://www.health.utah.gov/ltc/index.html> or call the numbers below:

- Autism Waiver <http://health.utah.gov/autismwaiver/> or call 1-801-538-6357
- New Choices Waiver <http://www.health.utah.gov/ltc/NC/NCHome.htm> or call 1-801-538-6155; option 6, toll-free call 1-800-662-9651; option 6
- Technology Dependent/ Medically Fragile Children Waiver (Travis-C) <http://www.health.utah.gov/cshcn/Travis/index.html> or call: Children's Special Health Care Services (CSHCS) 801-584-8240 or toll-free at 1-800-829-8200
- Waiver for Individuals Age 65 or Older: <http://www.health.utah.gov/ltc/AG/AGHome.htm>
Call the Division of Aging and Adult Services in your area <http://daas.utah.gov/locations/>
- For information about how to apply for a waiver program provided by the Division of Services for People with Disabilities (DSPD), see <http://dspd.utah.gov/eligibility/who-is-eligible/> or call 801-538-4200 or toll free 1-800-837-6811
 - Acquired Brain Injury Waiver
 - Community Supports Waiver
 - Physical Disabilities Waiver

Other State Programs and Information

CHIP

CHIP is a state health insurance plan for children who do not have other insurance. It provides well-child exams, immunizations, doctor visits, hospital, emergency care, prescriptions, hearing and eye exams, mental health services and dental care. Preventative services (well-child visits, immunizations, and dental cleanings) do not require co-pay.

For more information, call 1-877-KIDS-NOW (1-877-543-7669) or visit www.health.utah.gov/chip. Apply online, mail in an application, or visit a DWS office.

PCN (Primary Care Network)

PCN provides limited benefits for adults who qualify. PCN covers basic preventive services (primary care doctor visits, immunizations, prescriptions, basic dental care, and an annual eye exam). Call 1-888-222-2542 or visit www.health.utah.gov/pcn for more information.

QMB (Qualified Medicare Beneficiary)

QMB is a program that pays your Medicare premiums, co-pays, and deductible. To learn more about the QMB program, contact the DWS office where you apply for Medicaid. Some people get both QMB and Medicaid.

If you are eligible for QMB only (no Medicaid benefits), you will receive a Medicaid card even though you do not have Medicaid benefits. *This program is limited to Medicare benefits only.* Show your Medicaid card along with your Medicare card when you get medical treatment. Let your provider know that Medicaid only pays for your deductible and co-payments. Your doctor should verify your QMB only coverage online or by phone.

Restriction Program

The Restriction Program is for people who need help learning how to use medical services wisely and safely.

People put on the Restriction Program one are assigned one doctor and one pharmacy. Medicaid members with a health plan can also be placed on the Restriction Program. All medical services and prescriptions must be approved or coordinated by your assigned physician. All prescriptions must be filled by your assigned pharmacy.

Spenddown Program (Medically Needy)

If your income is over the allowable limit to be eligible for Medicaid, you may be able to spenddown. Not all Medicaid programs allow a spenddown. A spenddown can be met in cash or by using medical bills that you still owe. Contact a DWS eligibility worker for information about spending down.

UPP (Utah's Premium Partnership for Health Insurance)

UPP helps make health insurance more affordable for individuals and families by helping them pay their monthly premium. You may be eligible for UPP if:

- You are not currently enrolled in your employer-sponsored health insurance
- You are eligible for COBRA coverage
- You are already enrolled in COBRA coverage

After you enroll in UPP and begin paying your health insurance premiums, you receive a monthly reimbursement every month. There are also options for your child's dental coverage. Call 1-888-222-2542 for more information. To apply online, visit www.health.utah.gov/upp.

cHIE

The Utah Clinical Health Information Exchange or cHIE (pronounced chee) is a system with medical records for other doctors to see. Records in the system are added by doctors and other medical people who use the cHIE.

In case of an emergency, doctors are able to see what allergies you have and what medicine you are taking. They could also find out if you need immunizations or if you have been told you are sick. You would get better care because they would have your medical history. Only approved health care providers can see the information and they look at it only to give care.

A state law says that people who have Medicaid are automatically enrolled in the cHIE. You have the right not to be in the cHIE or to change your consent at any time. You can also just give limited consent so health care providers can only look at your history if you have an emergency.

For more information, visit www.mychie.org or contact your participating cHIE health care provider.

FQHC (Federally Qualified Health Centers) / RHC (Rural Health Centers)

Utah has a number of FQHCs and RHCs. These clinics have received special grant money to provide medical care to people who do not have any insurance. They also see patients who have insurance including state Medicaid and some Medicaid health plans.

If you have family members not covered by Medicaid, this is a good resource for them to get low-cost medical care. The cost is based on income. A list of health centers is in the Resource section of this booklet.

Living Well with Chronic Conditions

Do you want to decrease your pain, decrease your doctor visits, and enjoy life more? The Living Well with Chronic Conditions Program offers weekly workshops in local community settings. The workshops are about 2 1/2 hours, once a week for 6 weeks. Anyone with an ongoing condition can come.

Chronic conditions include asthma, arthritis, chronic joint pain, fibromyalgia, cancer, diabetes, kidney disease, high blood pressure, high cholesterol, heart failure, COPD or emphysema, depression, or others. Two trained leaders, one or both with a chronic disease conduct workshops.

Subjects covered include:

1. Techniques for frustration, fatigue, pain & isolation
2. Appropriate exercise to maintain & improve strength
3. Appropriate use of medications
4. Good nutrition
5. Communicating effectively with family, friends and health professionals
6. How to evaluate new treatments

For more information call the Utah Arthritis Program at 801-538-9458 or visit the website www.health.utah.gov/arthritis/CDSMP

Medicaid Fraud

Medicaid PROVIDER Fraud

If you think a Medicaid provider is involved with fraud, please contact:

The Utah Office of Inspector General (OIG)

Email: mpi@utah.gov

Toll-Free Hotline: 1-855-403-7283

Medicaid CLIENT Fraud

If you think a Medicaid client is involved with fraud, please contact:

Department of Workforce Services Fraud Hotline

Email: wsinv@utah.gov

Telephone: 1-800-955-2210

If you believe you have been improperly denied a service or benefit because of your disability, age, sex, religion, race, color or national origin you may contact the State to file a complaint.

Medicaid Constituent Services

1-877-291-5583

<http://health.utah.gov/html/civilrights.html>

Even if you choose not to file a complaint with the State, you still may file a complaint:

Federal Office for Civil Rights

U.S. Department of Health and Human Services

Federal Office Building

1961 Stout Street, Room 1426, Denver, CO 80294-3538

1-303- 844-2024

Website: www.hhs.gov/ocr

Recording 1-800-368-1019

TDD 1-800-537-7697

Resources

Adult Protective Services	1-800-371-7897
Aging Services	
Salt Lake City	385-468-3200
Weber County, Ogden.....	801-625-3770
Davis County, Farmington	801-525-5050
Utah, Summit & Wasatch County	801-229-3804
Baby Your Baby Hotline	1-800-826-9662
CHEC (Child Health Evaluation and Care).....	See Local Health Dept
Child and Family Services in Salt Lake County	801-538-4589
Other counties dial 211 and ask for the number for your county	
CHIP (Child Health Insurance Program)—Toll Free	1-877-KIDS-NOW
CSHCS (Children's Special Health Care Services)—Toll Free.....	1-800-829-8200
Chiropractic Health Plan	801-352-7270
Toll Free.....	1-800-339-5958
Constituent Services	
Governor's Office—Toll Free	1-800-705-2464
Medicaid.....	801-538-6417
Toll Free	1-877-291-5583
DWS.....	801-526-4390
Toll Free.....	1-800-331-4341
Deaf, Utah Association for the, Inc. (TTY)	801-263-4860
DSPD (Division of Services to People with Disabilities)	801-538-4200
Dental Plans	
Delta Dental	1-866-467-4219
Premier Access.....	1-877-541-5415
DWS (Department of Workforce Services).....	1-866-435-7414
Family Dental Plans	
Ogden	801-395-7090
Salt Lake City	801-715-3400
St George.....	435-652-3806
FQHC (Federally Qualified Health Centers) (income based fees)	
Bear Lake Community Health Center	435-946-3660
Cache Valley Community Health Center.....	435-755-6061
Carbon Medical Services.....	435-888-4411
Central City Community Health Center	801-539-8617
Community Health Center (CHC)	801-566-5494
Ellis R. Shipp Public Health	385-468-3700
Enterprise Valley Medical Center.....	435-878-2281
Green River Medical Center	435-564-3434
Midtown Community Health Center	801-393-5355
Mountainlands Community Health Center	801-374-9660
Oquirrh View Community Health Center	801-964-6214
South Main Public Health	385-468-4000
Southeast Public Health	385-468-4330
Southwest Utah Community Health Center	435-986-2565
Community Health Center	801-328-5750
Fourth Street Clinic.....	801-364-0058
Wayne Community Health Center	435-425-3744

IHS – Utah Navajo Health System

Blanding Family Practice	435-678-3601
Montezuma Creek	435-651-3291

Health Clinics of Utah

Ogden	801-626-3670
Provo.....	801-374-7011
Salt Lake City	801-715-3500

Health Plans

Health Choice Utah – Toll Free	1-877-358-8797
---	----------------

Healthy U	801-587-6480
------------------------	--------------

Toll Free.....	1-888-271-5870
----------------	----------------

Molina	801-858-0400
---------------------	--------------

Toll Free.....	1-888-483-0760
----------------	----------------

SelectHealth Community Care – Toll Free	1-855-442-3234
--	----------------

HPR (Health Program Representatives)	801-526-9422
---	--------------

Toll Free.....	1-866-608-9422
----------------	----------------

Information & Referral	211
---	-----

Local Health Department *with* an HPR

Bear River District Health	435-792-6500
----------------------------------	--------------

Central Utah Health Department	435-896-5451
--------------------------------------	--------------

Southeastern Utah District Health.....	435-637-3671
--	--------------

Southwest Utah Public Health	435-673-3528
------------------------------------	--------------

Tooele County Health.....	435-843-2310
---------------------------	--------------

Tri County Health	435-781-5475
-------------------------	--------------

Wasatch City/County Health.....	435-654-2700
---------------------------------	--------------

Local Health Departments *without* an HPR

Bountiful Clinic.....	801-298-3919
-----------------------	--------------

Davis County Health Dept	801-525-5000
--------------------------------	--------------

Rose Park	385-468-3660
-----------------	--------------

Salt Lake City/County Health.....	385-468-4100
-----------------------------------	--------------

South East Clinic, Sandy	385-468-4330
--------------------------------	--------------

South Main Public Health	385-468-4000
--------------------------------	--------------

West Jordan (WIC services only)	385-468-4365
---------------------------------------	--------------

Summit City/County Health.....	435-336-4451
--------------------------------	--------------

Utah City/County Health	801-851-7000
-------------------------------	--------------

Weber/Morgan District Health.....	801-399-7250
-----------------------------------	--------------

Medicaid Information Line	801-538-6155
--	--------------

Toll Free.....	1-800-662-9651
----------------	----------------

Medicare Information Toll Free.....	1-800-633-4227
--	----------------

Mental Health Centers

Bear River Mental Health

Counties: Box Elder, Cache, Rich.....	435-752-0750
---------------------------------------	--------------

Central Utah Mental Health

Counties: Piute, Sevier, Juab, Wayne, Millard, Sanpete	1-800-523-7412
--	----------------

Davis Behavioral Health

Counties: Davis	801-773-7060
-----------------------	--------------

Four Corners Community Behavioral Health

Counties: Carbon, Emery, Grand.....	1-866-216-0017
-------------------------------------	----------------

Northeastern Counseling Center

Counties: Duchesne, Uintah, Daggett.....	435-789-6300
--	--------------

OptumHealth Mental Health

County: Salt Lake.....	1-877-370-8953
------------------------	----------------

San Juan Counseling Center

County: San Juan	1-888-833-2992
Southwest Behavioral Health	
Counties: Beaver, Garfield, Iron, Kane, Washington	1-800-574-6763
Valley Mental Health	
Counties: Summit	435-649-8347
Tooele	435-843-3520
Wasatch Mental Health	
County: Utah	1-866-366-7987
Weber Human Services	
Counties: Morgan, Weber	801-625-3700
Mental Health Centers - Others	
Wasatch County Family Clinic Heber	435-654-3003
ORS TPL Unit	801-536-8798
PCN (Primary Care Network) – Toll Free	1-888-222-2542
Planned Parenthood Clinics – Toll Free	1-800-230-PLAN
Poison Control – Toll Free	1-800-222-1222
Pregnancy Risk Line – Toll Free	1-800-822-BABY
Restriction Program	801-538-9045
Toll Free	1-800-662-9651 ext. 900
RHC (Rural Health Centers) (income-based fees)	
Beaver Medical Clinic	435-438-7280
Blanding Medical Center	435-678-2254
Bryce Valley Clinic	435-679-8545
Circleville Clinic	435-577-2958
Coalville & Kamas Health Center	435-336-4403
Emery Medical Center	435-381-2305
Garfield Memorial Clinic	435-676-8842
Intermountain Hurricane Clinic	435-635-6400
Kanab Clinic	435-644-4100
Kazan, Ivan W. Memorial Clinic	435-826-4374
Moab Family Medicine	435-259-7121
Salt Lake Donated Dental (SLDDS)	801-983-0345
SHIP (Senior Health Insurance information Program)	1-800-541-7735
Social Security Administration	
Salt Lake City	1-866-851-5275
Toll Free (US)	1-800-772-1213 (US)
Tobacco Quit Line —Toll Free	1-800-QUIT-NOW
Urban Indian	
Sacred Circle Clinic	801-359-2256
Urban Indian Center (Indian Walk-in Center)	801-486-4877
Veterans Affairs Medical Center	
Salt Lake City	801-582-1565
Toll Free	1-800-613-4012
WIC (Women, Infants, and Children)	
Toll Free	1-800-662-3638

UTAH DEPARTMENT OF HEALTH, DIVISION OF MEDICAID AND HEALTH FINANCING
NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU MAY ACCESS THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.
Effective: September, 1 2013

The Utah Department of Health, Division of Medicaid and Health Financing (DMHF) is committed to protecting your medical information. DMHF is required by law to maintain the privacy of your medical information, provide this notice to you, and abide by the terms of this notice.

HOW WE USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION

DMHF may use your health information for conducting our business. Examples:

Treatment – We may use your health information to appropriately determine approvals or denials of your medical treatment. For example, if you are a Medicaid, Primary Care Network (PCN), Children's Health Insurance Program (CHIP), or a Utah's Premium Partnership for Health Insurance (UPP) recipient we may review the treatment plan provided by your health care provider to determine if it is medically necessary.

Payment – We may use your health information to determine your eligibility in the Medicaid, PCN, CHIP, or UPP program and make payment to your health care provider. For example, we may review claims for payment by DMHF for medical services you received from your provider.

Health Care Operations – We may use your health information to evaluate the performance of a health plan or a health care provider. For example, DMHF contracts with consultants who review the records of hospitals and other organizations to determine the quality of care you received.

Informational Purposes – We may use your health information to give you helpful information such as health plan choices, program benefit updates, and free medical exams.

YOUR INDIVIDUAL RIGHTS

You have the right to:

- Request in writing restrictions on how we use and share your health information. We will consider all requests for restrictions carefully but are not required to agree to any restriction. *
- Request that we use a specific telephone number or address to communicate with you.
- Inspect and get a copy of your health information (including an electronic copy if we maintain the record electronically). Fees may apply. Under limited circumstances, we may deny you access to a portion of your health information and you may request a review of the denial.*
- Request in writing corrections or additions to your health information.*
- Change your participation in the Clinical Health Information Exchange (cHIE). Contact the cHIE by phone (801.466.7705), fax (801.466.7169), or at chie@uhin.org to change your participation status.
- Request an accounting of certain disclosures of your health information made by us. The accounting does not include disclosures made for treatment, payment, and health care operations and some disclosures required by law. Your request must state the period of time desired for the accounting, which must be within the six years prior to your request. The first accounting is free but a fee will apply if more than one request is made in a 12-month period.*
- Request a paper copy of this notice even if you agree to receive it electronically.

Requests marked with a star () must be made in writing.*

Contact the DMHF Privacy Officer to help you with any questions you may have about the privacy of your health information. The Privacy Officer will help you fill out any forms that are needed to exercise your privacy rights.

SHARING YOUR HEALTH INFORMATION

There are limited situations when we are permitted or required to disclose health information without your signed authorization. These situations include activities necessary to administer the Medicaid, PCN, CHIP, and UPP programs and the following:

- To our business associates that perform services on our behalf. We require all business associates to appropriately safeguard your information in accordance with applicable law,
- As required by law. The use and disclosure will be made in full compliance with the applicable laws governing the disclosure.
- To the Department of Health to report communicable diseases, traumatic injuries, birth defects, or for vital statistics, such as a birth or a death;
- To a funeral director or an organ-donation agency when a patient dies, or to a medical examiner when appropriate to investigate a suspicious death;
- To state authorities to report child or elderly abuse;
- To law enforcement for certain types of crime-related injuries, such as gunshot;
- To the Secret Service or NSA to protect, for example, the country or the President;
- To a medical device's manufacturer, as required by the FDA, to monitor the safety of a medical device;
- To court officers or an administrative tribunal as required by law, in response to an order or a valid subpoena;
- To governmental authorities to prevent serious threats to the public's health or safety;
- To governmental agencies and other affected parties, to report a breach of health-information privacy;
- To a worker's compensation program if a person is injured at work and claims benefits under that program.

Other uses and disclosures of your health information, other than those explained above, require your signed authorization. For example, we will not use your health information unless you authorize us in writing to:

- Share any of your psychotherapy notes, if they exist, with a third party who is not part of your care;
- Share any of your health information with marketing companies; or
- Sell your identifiable health information.

You may revoke your authorization at any time with a written statement.

OUR PRIVACY RESPONSIBILITIES

DMHF is required by law to:

- Maintain the privacy of your health information;
- Provide this notice that describes the ways we may use and share your health information;
- Notify you if your health information was affected by a breach; and
- Follow the terms of the notice currently in effect.

We reserve the right to make changes to this notice at any time and make the new privacy practices effective for all information we maintain. Current notices will be posted in DMHF offices and on our website, <http://health.utah.gov/hipaa>. You may also request a copy of any notice from your DMHF Privacy Officer listed below:

CONTACT US

If you would like further information about your privacy rights, are concerned that your privacy rights have been violated, or disagree with a decision that we made about access to your health information, Medicaid, PCN, CHIP, and UPP recipients should contact the DMHF Privacy Officer, Blake Anderson, 801-538-9925; 288 North 1460 West, PO Box 143102, Salt Lake City, Utah 84114-3102; blakeanderson@utah.gov.

We will investigate all complaints and will not retaliate against you for filing a complaint. You may also file a written complaint with the Office of Civil Rights, 200 Independence Avenue, S. W. Room 509F HHH Bldg., Washington, DC 20201

**Utah Department of Health
Bureau of Managed Health Care
PO Box 143108
Salt Lake City, UT 84114-3108**

Presorted
Standard
U.S. Postage
PAID
Salt Lake City, UT
Permit No. 4621